

04/857039

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
✓	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Original	Copy	Date
2/03		
8/03		
3/04		

Claim		Date
Final	Original	
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Claim		Date	
Final	Original		
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If more than 150 claims or 10 actions
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